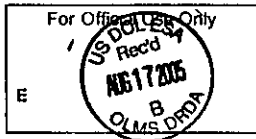


# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8704</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Rebecca Flores</u>  P O Box, Bldg Room No if any _____  Street <u>502 Cass Street</u>  City <u>San Antonio</u>  State <u>TX</u> ZIP Code + 4 <u>78204</u>	3 Name file number and address of labor organization Name <u>United Farm Workers of America</u>  Labor Organization File Number <u>000 323</u>  P O Box Building and Room Number if any <u>P O Box 62</u>  Street <u>29700 Woodford Tehachapi Rd</u>  City <u>Keene</u>  State <u>CA</u> ZIP Code + 4 <u>93531</u>
5 Position in labor organization <u>National V P</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
3 Name and address of Employer (including trade name if any) Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income        7 b Amount _____

## Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Rebecca Flores</u>	On <u>8-11-05</u>	Telephone Number _____

Name of Person Filing <b>Rebecca Flores</b>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)  Name <b>Robert F Kennedy Medical Plan</b>  Trade Name if any _____  P O Box Bldg Room No if any <b>P O Box 36</b>  Street <b>29700 Woodford Tehachapi Rd</b>  City <b>Keene</b>  State <b>CA</b> ZIP Code + 4 <b>93531 0036</b>	9 Business deals with  <input checked="" type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11 a Nature of such dealing      11 b Approximate dollar value of such dealing _____  12 a Nature of interest held or income received <b>Cash Exp Reimb for Meeting</b>   12 b Amount <span style="float: right;"><b>58 00</b></span>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14 a Nature of payment          14 b Amount of payment _____
13 a Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	

Name of Person Filing <b>Rebecca Flores</b>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name if any)  Name <u>Juan De La Cruz Pension Plan</u>  Trade Name if any: _____  P O Box Bldg Room No if any <u>P O Box 36</u>  Street <u>29700 Woodford Tehachapi Rd</u>  City <u>Keene</u>  State <u>CA</u> ZIP Code + 4 <u>93531-0036</u>	<b>9</b> Business deals with  <input checked="" type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10</b> If 9 b or 9 c is checked give trust or employer s name  Name _____  Trade Name if any: _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a</b> Nature of such dealing          <b>11 b</b> Approximate dollar value of such dealing _____  <b>12 a</b> Nature of interest held or income received <b>Cash Exp Reimb for Meeting</b>          <b>12 b</b> Amount <span style="float: right;"><b>175 00</b></span>

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14 a</b> Nature of payment                    <b>14 b</b> Amount of payment _____
<b>13 a</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	